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ABSTRACT

Several extensive studies were carried out to determine deficiencies in community resources which hinder the elderly population in their desire to live independently. The first study delineated the perceived needs of the population and presented an overview of currently available resources. The needs found greatly exceeded the available resources. Results of the survey of transportation needs indicated that bus service for food shopping was a high transportation priority among the elderly. The third study analyzed the interrelationship of special problems, programs, and responses to resources available for the elderly. Persons responded favorably to living in a Title III public housing facility that provided supportive services to aid independent living. The basic theme in all three studies was that the community was responsible for providing support services to encourage senior citizens to remain independent and to be an integral part of the community. (Author/PC)

# APPLIED PROGRAMS AND POLICIES FOR THE AGED IN THREE COUNTIES IN THE STATE OF MARYLAND

by

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## I. Introduction

The theme of the 1974 Conference of the National Council on Family Relations, the Art and Science of Intimacy and Loving, might seem irrelevant to the subject of this paper. However, the edlerly--and communities in which they live--do warrant the concern of this conference.

Many persons have stated the plight of the senior citizen, in many ways, from many points of view. One author states it articulately in terms that fit with the philosophy of this Council:

> When we talk about the aged, we tend to segregate them in our minds and think of them and their needs being different from all others . . . . their basic needs are the needs that are common to us all. The older person needs to feel secure economically; to love and be loved like the rest of us, and thus be secure emotionally; to belong to and retain his role in the society in which he lives; to be productive if possible, and to receive recognition for his accomplishments and his efforts; to have a voice and a choice in the way his life is lived, and to retain his feeling of dignity and self-respect until the inevitable end.[1]

American society today has to overcome two pressures in working towards solving the special problems of its aging population. The first of these pressures stems from a traditional cultural value--the Protestant ethic. The other has developed as a result of our increasingly technological, mobile lifestyle. These pressures, added to the indisputable fact that more and more Americans areliving to advanced age, form a bind that requires positive action to unloosen.

The Protestant ethic holds that man must always work for what he gets. A person is due only that which he earns. In the past, when our traditions were being built, so much work of all kinds was required to obtain the basic necessities of food, shelter and clothing for the family, that everyone had his own responsibilities, large or small as they might have been.

With the coming of advanced technology and the loss of the great frontier, fewer families remained independent in terms of the basic necessities and became more dependent on the exchange function of money in the form of salaries obtained through employment. The better job became the great frontier--and if a beeter job meant a move from the family home, so be it. Mobility led further to the concentration of residential areas, and today zoning restrictions separate residential from commercial areas, causing a great dependency on the automobile.

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Prior to the unprecedented advancement of medical research in the last 40 years, people died of ailments that today cause chronic conditions. Historically, when people sickened, they either became well, or they died. Relatively few were incapacitated to the point of needing care without being able to produce. The rare octogenarian was revered because he was a resource. During his long life he had accumulated essential knowledge and had tempered it with the wisdom of experience.

Now, productive roles are more clearly delineated, families have become separated by miles, and medical advances have prevented death (but not disability, or discomfort). The problem of how to provide supports for aging persons to retain or regain their positive self-image and thus free them for loving and living is critical. As has happened in other aspects of our culture, the community is seen as being a provider of supplemental resources to support the family.

How has the community supported the family in regard to the aged in the past? What have been some effective methods of community support? How have they worked? What constraints must the community face in providing supports? And finally, what has the community still to do in arranging support mechanisms?

These questions were considered in three separate studies conducted in three Maryland counties in three distinctive ways by the authors. (See appendix A for a map showing the location of the 3 counties).

Queen Anne's County, on Maryland's Eastern Shore, is primarily rural in character. Approximately 13,500 people populate the 180 square miles. The area is most famous for being on the way from Washington D.C. and Baltimore, Maryland, to the Maryland and Deleware beaches. In the 1970 census, almost 2,200 people had reached the age of 65, 12 percent of the total population.

The research carried out in Queen Anne's County determined (1) perceived needs as reported by members of a group of American Association of Retired Persons in a survey developed for the study, (2) needs as reported in face-to-face interviews of low-income individuals, and (3) the present availability of resources in the community for use by senior citizens in supporting their own resources. In a County where the biggest shopping center and hospital are 40 miles and 23 miles respectively from the county seat, and there are no population concentrations of elderly persons, it was found that few resources are available. The need for transportation was found to be paramount.

Prince George's County, Maryland, is part of the Washington, D.C. metropolitan area. As such, there are high concentrations of persons living close to the District, but also remote rural areas away from the city. The County has only relatively recently become self-governing. The last census counted 660,567 persons living in the County; 26,676 of them, or 4 percent, are age 65 or over.

The study in Prince George's County investigated the impact of a special purpose transportation program for senior citizens on the elderly living in a 6-community County service area. The population of the service area is approximately 48,000 with an elderly segment of 5,000 or 9 percent of the persons living in the area.

Transportation has been identified as a number one priority need for the elderly, and at present, many solutions to the problem are being evaluated, such as reduced fare programs, improvement in existing transit facilities and equipment, or development of substitute, special-purpose systems outside of mass transit. It is felt that innovations in transportation will directly benefit the older American by increasing his ability to interact in the community and use the services, thus increasing his life satisfaction and independence in retirement years.

The purposes of the study were to determine (1) if the Senior Citizens Bus Program provided a satisfactory and adequate means of transportation for food shopping, (2) if the implementation of the program changed individual shopping habits in terms of stores, hours, days, and frequency of use; and (3) if other modes of transportation or systems were more desireable and accessible for this particular group of elderly persons.

Results demonstrated (1) that the Senior Citizen Bus for Food shopping was the second preferred mode of transportation (the automobile being the first), and (2) long-established habits and patterns of transportation to food stores and other services changed in response to the new resource. It was found that this program offered improvement in community support of transportation for elderly citizens.

The third study was conducted in Montgomery County, Maryland. The County is one of the nation's wealthiest in terms of median income. It, too, is part of the Washington, D.C. metropolitan area, and shares a common border with Prince George's County. The census in 1970 showed 32,619 persons age 65 or over, or 6.2 percent of the County's population. Of the total elderly population, about 14 percent have incomes below the poverty level. Housing costs in the County have risen dramatically, adding to the difficulties of elderly citizens in continuing independent living.

Eight case studies formed the basis of discovering special problems faced by the elderly in the County as well as their utilization of resources. An extensive review of literature had laid the foundation of special problems in general as well as possible community responses to the problems. Available resources were analyzed and reported from returns of a questionnaire survey conducted by the County Department of Human Resources for use in their Area plan under Title III of the Older Americans Comprehensive Service Amendments of 1973.

Results of the investigation showed that providing supportive services had a definite positive impact on persons eligible to receive them, or financially able to procure them, but that on a County-wide basis, there were not enough available at affordable prices.

The authors gained insight beyond that of the specific results of the studies. The face-to-face contact with individual seniors was more than interesting; it was felt to be imperative in order to gain an understanding of factors involved in community impact on the lives of senior citizens. After a brief discussion of the methods and substance of the three studies, an extensive concluding statement will be made to report commonalities of concern developed by the authors apart from the actual conduct of the studies.

## II. Queen Anne's County

The plight of rural elderly is often overlooked by researchers who view country living as idyllic, or something out of "American Gothic". However, Maw and Paw sitting on the porch rocking is in fact an atypical situation in Queen Anne's County (QAC), Maryland. In most instances, the children of the elderly have migrated to the city for employment opportunities. This leads to family disengagement in an area where family has traditionally been an important source of social interaction and emotional support. Also, the number of elderly in the County overshadows the younger age groups which results in a shrinking tax base for the support of essential services by the community, and the downfall of small businesses due to a lack of spendable income in the County.

With the advent of authorizing legislation under the Older Americans Comprehensive Services Amendments of 1973, two programs were developed and implemented in the County. The first, a nutrition program funded under Title VII of the Amendments, provides a hot lunch and recreation for County residents over 60 years of age, regardless of income. A transportation component to the program provides access to the meal sites. In addition, a special transportation program was developed as the result of the study described below. Since QAC is a small service and planning area, four other counties which comprise the Upper Eastern Shore of Maryland are included in the demand minibus transportation system.

In order to gain some insight into the needs and priorities of QAC residents, a questionnaire was administered to 53 members of the American Association of Retired Persons (AARP), the only organized group of senior citizens in the County. Membership of the group consists of white middle income retired professionals. The main thrust of the group is working toward legislative change on a national level with very little concern for local matters, direction that is motivated by two forces: first, the group does not think that any change on a local level will benefit them directly as they have sufficient resources to achieve life satisfaction; and secondly, many members are prominent in the community and do not wish to disturb the political status quo.

While the largest percentage of respondents reported having high life satisfaction, good health, and the ability to muster resources at present, their plans for future lifestyles seem to be nebulous. Financially, inflation is depleting their life savings. The harsh reality becoming clearer as times pass, is that financial resources are not stretching to meet the needs of more years of life.

One of the main concerns of the questionnaire was transportation. The group proved to be highly mobile; trips were listed as their favorite activity. Of the 53 respondents, 46 stated they had personal means of transportation. The other seven were able to depend on a relative or friend. While personal transportation was available for the respondents, there was an awareness of need for public transportation in the County. The high cost of vehicle operation and maintenance due to the energy crisis, and possible future physical limitations were cited as areas of concern.

Another area of interest was the nutrition program, funded under Title VII. The Amendments of 1973 provide funds for a component of supportive services. The QAC program includes a transportation component with door to door transportation to and from the site of the program, including transportation to supportive services. The site, a Senior Citizens Center provides needed fellowship for those who have been involuntarily disengaged from the community.

The members of AARP did not choose to participate in the nutrition program. Group members identified the Title VII program as a government "giveaway" program for the poor; therefore, they chose to support the program by acting as volunteers to serve "the less fortunate".

The questionnaire survey reached only a small segment of the population. To widen the perspective on the elderly of the County, personal interviews, made in an effort to register participants for the nutrition program, insight was gained into the needs and priorities of low-income, mostly black residents.

Information indicated that previous lifestyles affected the aging of the individuals interviewed as they had affected those of the AARP members. The members of the latter group had adequate incomes and had been highly engaged in previous years, and remained engaged in later years. For the most part, those interviewed had lived rather limited lives due to the fact that most grew up in the era of segregation. The group spoke at length about their poor health and dissatisfaction with life. It seemed that minor aches and pains were magnified to compensate for their lack of interaction with others.

The respondents in the interview portion of the study complained that the community was not doing enough for senior citizens. They lived in substandard housing--few had indoor plumbing. The major source of income of the group was Social Security payments. Major group activities centered around the church. All interviewees stated that transportation was the biggest obstacle in obtaining services; for example, a short trip to the doctor's office might cost $10.

Reaction of the group interviewed to the Title VII program was postive. Two of the most important aspects of the program, transportation and social interaction, were mentioned as particularly helpful.

While there are two divergent groups of elderly, they share one common problem: the lack of supportive services within the County. This problem, though extreme for their age group, is not exclusive to the elderly. For example, there are only four doctors in the County, three of whom are on limited practice due to semi-retirement, and none that treat illnesses peculiar to geriatric patients. The health department does not provide geriatric screening or homebound nursing services. Few stores operate in the County-only one major food chain-causing lack of price competition. No food stores deliver, leaving homebound elderly little choice except to pay someone to shop for them or to give up their independence and live in an institutional setting.

The County government had not sought any funds under the Older Americans Act or allocated any Revenue Sharing Funds to assist in instituting senior programs. Existing Title VII nutrition programs have received verbal support, but little else. A recommendation has been made that the QAC Commissioners must reevaluate use of Revenue Sharing Funds and redirect them to social action programs.

Until latter 1973, seniors had been attempting with little success to obtain services outside the community. It is essential to have a special transportation program during the development of a system of supportive services under the Area Agency on Aging concept. The transportation proposal, which was funded for $200,000, has three components:

(1) provision for the development of an Area Plan for assessing existing services and identifying service gaps; when these have been identified, positive corrective and cooperative action can be taken;

(2) provision for transportation to Title VII programs, thus increasing the number of elderly who can participate; and

(3) provision for demand mini-bus service for one geographic area per day per county to allow senior citizens to utilize resources, and remain engaged or reengage in the community.

III. Prince George's County

The transportation problem faced by senior citizens across the nation is seemingly insurmountable. Many of America's 20 million elderly have problems related to obtaining their basic needs of food, medical care, and clothing. Inadequate transportation facilities increase these problems by immobilizing the elderly, isolating them from interacting with the community. Growing awareness of this problem by federal, state and county governments and by private organizations has led to special senior citizen transportation programs and services across the nation designed to meet the need of the elderly for mobility. However, due to limited areas served and limited purposes, the challenge for long-range solutions to coordination and integration of services remains great.

A study was conducted to investigate the impact of a senior citizen transportation program on the elderly in Prince George's County, Maryland. A survey, administered to a non-random sample, consisting of members of five senior citizen clubs in a six-community area served by a special purpose transportation system for the elderly, was designed to measure the elderly's problems of transportation to and from food shopping. It also investigated the adequacy and effect of the special senior citizen bus service for food shopping.

Funding the bus service was made through the Prince George'e County Division of Services and Programs of the Aging. In October, 1973, the fixed-route transportation service for the elderly in the six-community area was begun. Ten new specially-equipped buses transported individuals in the area to three shopping centers located nearby for a fare of 10 cents each way. Prior to the arrival of the new buses, old school buses or senior citizen buses from other counties were used. The only eligibility requirement is that an individual be 55 years old or older.

Study results showed that the elderly were generally satisfied with the Senior Citizen Bus for Food Shopping. Although the automobile was the most satisfactory mode of transportation for all occasions, including food shopping, the special bus program was the second mode preferred. Convenience emerged as the major reason for satisfaction with the respondents' frequent mode of transportation, while cost, nearness to bus stop, and convenience of days appeared more important in determining the elderly's satisfaction with the special transportation.

Long-established habits and patterns for transportation to food stores and other services have been altered for the elderly who ride the Senior Citizen Bus. Thirty-nine percent of the respondents who at present ride the bus drove an automobile prior to the bus service. These elderly persons, who were used to shopping at their own convenience, and all who ride the bus, are limited in their shopping by the following: (1) number of days per week of operation of the bus service, and (2) amount of time allotted for shopping.

The large number of satisfactory responses suggests that the advantages of the service outweigh the disadvantages. The bus delivers the elderly to a shopping center with numerous services, fulfilling needs in fewer trips, less time, and less cost. Time and money remain for leisure and other activities. Planning was found to be of value in determining shopping habits by a survey prior to the scheduling of the bus, and scheduling days according to the shopping habits of the majority of the senior citizens in the area. The findings of this survey coincide with the Senior Citizen Bus schedule.

Many factors played a determining role in the planning of the present innovative fixed route system: the nature of the transportation service, the distance to the shopping centers; cost, and needs of the elderly were considered. One bus, making one trip per day, services a large area of elderly citizens, and provides special purpose services at low cost. Transporting individuals in large groups for the particular purpose of food shopping is advantageous in comparison to individualized services such as "dial-a-bus" or "taxi-on-call"

By taking the elderly to the shopping centers, an extra component is added to the service, the accessibility to other necessary services. However, the fixed route system does not provide transportation for the elderly located outside the high density elderly area. The system lacks an outreach component, continuing to immobilize those not within walking distance of the bus stop. In this study, it was found that the senior citizen living outside a 10-block radius of the Senior Citizen Buss stop failed to utilize its services due to walking distance.

The Senior Citizen Bus service has several other barriers limiting numbers of riders and purpose. One barriers, which limits the number of riders, is the inability of the elderly to contact town representatives to obtain tickets, and the long waiting period once the tickets are ordered. Another barrier is the lack of coordination and integration of other facilities, such as clubs, churches, and recreation centers. Expansion of the bus program to include service to other facilities would enhance its desirability greatly. The third barrier is that other handicapped individuals who lack transportation services to shopping centers are not allowed to ride the bus. Other disadvantaged groups, often called "captive riders" of the mass transit system, such as the poor, housewives, part-time workers, physically handicapped and the young, are confronted with transportation barriers, too. Special purpose programs fail to meet the needs of all individuals in the community. The multi-service system, as it may be called in the future, will service all age groups to all community resources--recreation, medical, shopping, church, clubs, parks, libraries, museums-and other important special needs.

IV. Montgomery County

As one of the richest counties in the nation, Montgomery County, Maryland, would be expected to have a wide service and resource base, both public and private, for its senior citizens. This was found to be the case; however, there are two constraints in the utilization of the services and other resources. money and availability (transportation).

The study conducted in Montgomery County reported case studies of eight residents of a public housing apartment building, and reported on resources available to solve thoses special problems in order to identity voids in existing resources, to develop a model to demonstrate coverage and lack of coverage of problems by resources, and to suggest future program directions.

The case studies were included to obtain descriptive data as the basis for analyzing the interrelationship of special problems, programs and responses to resources available in the County. The building in which the case study subjects lived included a community Senior Citizens Center on the first floor. A Title III Senior Citizens Grant program of comprehensive services was awarded to the Center in the Summer of 1973. Services supported by the grant included health, home maintenance and companionship service, information and referral, counseling, and recreation.

Participants of the study had been randomly selected within social categories. Ages of the respondents ranged from 69 to 83. One black was interviewed, one couple, and one single male. Five of the respondents were single females.

In summary, the lifestyles of the individuals interviewed was affected by their place of residence in the following ways

(1) the conditions of available support services and other aspects of the comprehensive program enabled residents to live independently
(2) the financial benefit of living in a public housing facility meant the difference between "making it" and "not making it"

(3) the site of the building helped to modify the need for transportation since food, medical needs, banking services and social opportunities exist within easy walking distances

(4) the building arrangement and its program aided in establishing social relationships, yet the individual apartments allowed privacy

(5) a variety of activities was available for residents to participate in, but no pressure for participation was exerted

(6) health difficulties were minimized by ease of upkeep of apartments access to a nurse on a regular basis, and special emergency procedures.

A serendipitous result of the case studies was the wide range of personality types found amoung the eight participants. Two colleagues and the author separately assessed the written case studies in terms of personality typology developed by Havighurst, Neugarten and Tobin.[2] Six types of personality were found among the eight respondents, with agreement of assessment in six of the cases. This finding, though not a result of rigorous methodology, has implications for program planning and leads credence to the stand that the elderly cannot be considered only in terms of their age group.

The results of the resource survey showed that only a meager percentage of the over-60 population takes advantage of the available services and resources. The resources that are utilized to the utmost limits are nursing homes and special low and moderate-income housing. It is difficult to determine what impact an increase in the availability of supportive services would have on the waiting lists for nursing homes, although the case studies seem to support the belief that the effect of greater support services would help persons maintain their independence.

Supportive services needing expansion include nutritional services such as Meals on Wheels and Title VII programs; homemaker/home health aides, income supplements such as discount cards, and rent and property tax relief, mobile medical clinics, or neighborhood preventive clinics, special minibus transportation, and friendly visitors and telcare.

There is a financial never-never land existing in the County. In order for persons to be eligible for free supportive services, individuals may not own more than $1,500 in assets. However, supportive services are expensive so that more retired persons are not financially able to buy the services they need. Therefore, most of the senior citizens are unable to take advantage of the available resources for economic reasons.

To summarize, a basic comprehensive system of programs and services for the elderly in Montgomery County, Maryland, would have the following components:

(1) facilities for day care so that families could care for dependent elderly members in their homes without group upsets of family routine

(2) programs for nutrition to meet needs of homebound, socially isolated and those who need supportive care in their own homes for a short time

(3) supportive handyman, homemaker and home health aide services to foster independent living

(4) rehabilitation for home tasks when usual methods are impossible

(5) pre-retirement counseling to forestall problems before they occur

(6) counseling on use of bonafide income supplements available to the elderly

(7) accessible preventive health care to recognize health problems before they become unmanageable

(8) mental health checkups for slight emotional discomforts as a preventive measure

(9) more usable public transportation systems near centers of population

(10) consideration of transportation when designing new programs

(11) consideration of surrounding resources in development of housing

(12) educational programs for techniques in intergenerational living

(13) a more personal outreach program to involve more socially isolated persons in social relationships and

(14) as in (13) above, a more personal outreach program in involve more more senior citizens in meaningful use of time.

## V. Conclusion

Although the studies differed widely in scope and method, certain commonalities of concern emerged from them. The authors would like to share these with you as what is considered to be an important outcome of the studies.

First, it was felt that the less formal methods of research (as opposed to hypothesis testing, sampling of captive subjects such as college students and methods of measurement that may or may not be valid or reliable) are essential in the determination of impact of programs on the lives of individuals and families in the community setting. It is realized that subjective methods breed subjective results, but on the other hand, reasons for or against utilization of resources were more readily revealed and less easily hidden in open-ended informal questioning of semi-randomly selected constituents. The answers to the necessary questions involving community programming and policy making can often be tempered by contexts not anticipated in formal research procedures.

The research conducted was possible because of enlightened community leadership and a realization that student input would be desirable. Communities need to recognize the valuable resource to be found in students of both two-year colleges and universities. Individuals or groups of students can provide a manpower resource as well as a valuable input resource. The community college in particular is gearing itself to solve the problems of its parent community. Students at the two-year colleges are likely to receive a pragmatic viewpoint of community planning and therefore would be a prime source of help. Students in applied human resource programs at the undergraduate and graduate levels of universities have other important value to add.

The impetus for the Montgomery County study arose from the need to find out what resources were in fact available so that there would be some coordination of effort. This policy has been furthered by Federal legislation in the Older Americans Comprehensive Serivces Amendments of 1973. This is movement in the proper direction. Fragmentation of service leads to fragmentation of the individual requiring service, and a feeling of unconcern for the individual as a whole person.

At this point it is essential to state the need for the viewpoint of human ecology in community planning and policies that impact on individuals and families. The discipline of human ecology is concerned with the whole person and his relationship to his near environment--the family and the community. The key word is whole. For example, the objective of the Title VII Nutrition Program is better physical well-being, but secondary objectives are concerned with the psycho-social aspects and developmental aspects of and individual. Reasons for poor nutrition in individuals can be based in any or all of the afore-mentioned aspects of the human being.

Federally-designed programs such as the Title VII Nutrition program face difficulty in implementation. A concern that needs to be considered in the planning process is flexibility needed to tailor the program to the target area. A rural county in Nebraska, or even in Maryland, will offer different hurdles to be jumped than a suburban or inner city area of New England or Maryland. Therefore, as well as considering individuals and families in planning and policy making, communities must be considered a part of the context.

Programs of outreach that are being given some approval now by Federal policy makers are necessary. Every community effort to reach the elderly needs an adequate outreach component. The elderly have often become disengaged, finding mechanical substitutes (e.g. television), for life itself. Creative ways of reaching individuals who are living in a vicarious manner while remembering that no program will appeal to or meet the needs of every individuals, are essential.

A concomitant of outreach is education--education as to the meaning of the program being offered. Hesitancy of members of the target group because of change, fear of the unknown, and dislike of charity may be overcome by proper promotional activities and public relations. Ways of reducing the anxiety of anticipating new and different experiences need to be found and utilized.

Outside of income, transportation seems to be the pivot on which life satisfaction turns. The problem impacts on other necessities. If people are mobile to the point of being able to obtain necessities, enjoy social relationships and get medical attention when they need it, life is relatively easy and satisfaction high. If all of the necessary resources exist in the community, but there is no connecting link between a person and the services, the services are simply not resources to that person. The best planned program in the world can be developed, but if people cannot get to it, it might as well never have been made available. The study reported in Section III above demonstrated that people changed their habits to take advantage of the special transportation service in Prince George's County.

Comment must be made on a problem faced by all communities--the inadequacy and/or inconsistency of Federal funding. Programs are designed to achieve certain objectives. When funding in inadequate, the programs have to be altered, with the resultant decrease in effectiveness. The other side of the funding coin is the uncertainty of support. If notification of funding is not made until the last minute (figuratively speaking), then often the commencement of the program is put off while administrative arrangements are being made. For on-going programs, the uncertainty is also a problem. Near the end of the funding period, uncertainty breeds disengagement and lack of enthusiasm for promoting a might-be opportunity.

Coomunities need to look to sources other than Federal funding where possible. Programs may be tried out in a community with original support from Federal sources with the anticipation that after the original funding period, the local or State jurisdiction will continue financial support. Directors of these programs need to be ever conscious of opportunities to gain support from other sources to gain independence from the Federal coffers and yet have a fully funded program.

There are a few points to be made about the target population as well. The designation "senior citizen" should not denote uselessness, loneliness, burden on offspring, and all the other negative terms used by society and by the elderly themselves. The potential of the resources of this age group is limited only by society's creativeity and unwillingness to accept and provide the opportunity. The Retired Senior Volunteer Program (RSVP) is demonstrating to a small extent what is possible. A cautionary note must be made, however: persons directing such programs, serving as coordinators at volunteer stations, and leading senior discussions and advocacy groups must be alert to proper utilization of latent resources. The easy way out is to assign overlooked mundane tasks to volunteers, thus losing creative use of potential.

Advocacy was mentioned in the paragraph above. The most effective advocate for senior citizen needs is a senior citizen or a group of senior citizens. Because of rapid changes in laws and methods of advocacy, professionals may be needed to advise senior groups or individual persons. However, this advising should be purely as to method and law--issues, programs and the actual advocacy itself should be the decision and action of the advocatee, if regulations permit. Advocacy goes beyond letters to the editor, taking stands on issues, proposing legislation, etc, to designing and promoting programs of education, recreation and everyday living.

Another fact about senior citizens. A person does not cease to be a person and become only a member of an age group at any specific age, or when he or she retires, or is forced to change roles. He is the same person he always was--although he is developing, too. Sometimes his need to adapt is as great or even greater than that of the teenager, or the young married person. The long time habits of work, a spouse, and social standing change at retirement and death. So--he will not be stagnant, though he may react to the need for developing by stagnating. It is at this point when the elderly person needs to be supported as much as ever, by loved ones and society in general, so that all his losses may be redirected to new gains, and he may remain or again become a lover and supporter of others.

A word to any persons in our audience concerned with family life education: the family life cycle does not stop at the launching stage. Textbooks, articles, lectures, and research studies for the most part concern themselves with dating, early marriage, the advent of the first child, the family with school age children, and to a lesser extent, pressures on the family as the children are launched to be on their own. Maybe a few pages, words, thoughts, are given to the family as it passes from middle to old age, but the amount are token. Today, the children of the average family are probably launched by the time the parents are 50; given a relatively good lifespan, the family will still be adapting for another 20 years. An appropriate

amount of concern should be in evidence for these years of the life of individuals.

To close, the following quote seems to be appropriate once more, in a slightly abbreviated version.

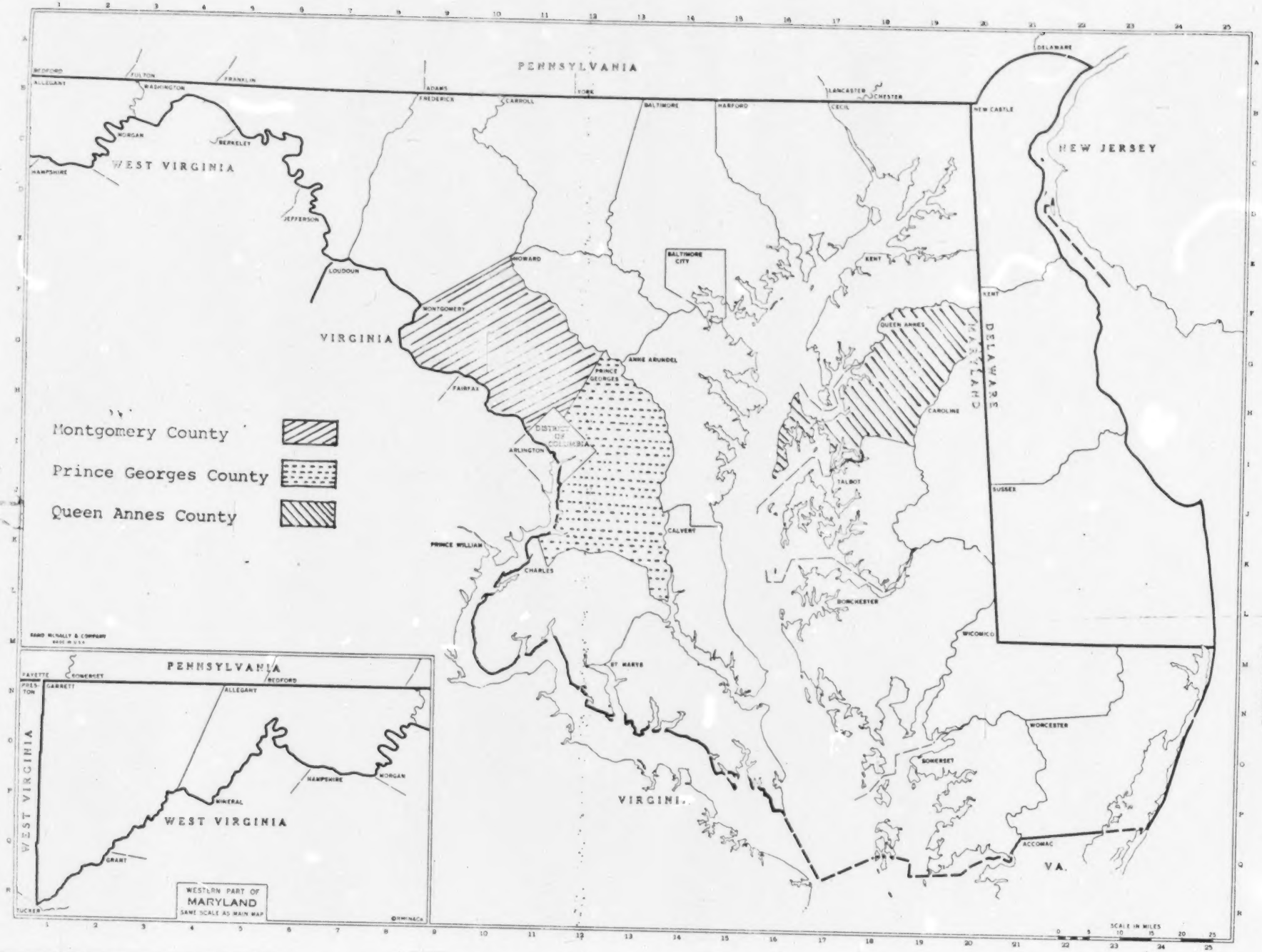
> The older person needs to feel secure economically; to love and be loved like the rest of us, and thus be secure emotionally; to belong to and retain his role in the society in which he lives; to be productive if possible, and to receive recognition for his accomplishments and his efforts; to have a voice and a choice in the way his life is lived, and to retain his feeling of dignity and self-respect until the inevitable end.[3]

Footnotes:

1. Minna Field, Aging with Honor and Dignity, Springfield, Illinois: Charles C. Thomas, 1963, p. 13

2. Robert J. Havighurst, Bernice L. Neugarten and Sheldon S. Tobin, "Personality and Patterns of Aging, In Bernice L. Neugarten (ed). Middle Age and Aging, Chicago: University of Chicago Press, 1963, pp. 175-176.

3. Minna Field, op.cit., p. 13




APPENDIX A
LOCATION OF THREE COUNTIES
MARYLAND